

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2012	
NAME OF PROVIDER OR SUPPLIER HARRISON TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/07/12</p> <p>Facility Number: 000241 Provider Number: 155636 AIM Number: 100291310</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Harrison Terrace was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility does not have</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>smoke detection in resident rooms. The facility has a capacity of 112 and had a census of 105 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 11 doors serving hazardous areas such as storage rooms greater than fifty square feet in size which are used to store combustible materials is equipped with self closing devices. This deficient practice could affect any resident, staff or visitor in the vicinity of the activities storage room near Room 45.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 10:20 a.m. to 12:35 p.m. on 03/07/12, the activities area storage room near Room 45 measures sixty square feet in size, is used to store combustible boxes and supplies, and the entry door to the room is not equipped with a self closing device. Based on interview at the time of</p>			K0029	<p>The door closer was installed on 3/8/12. All residents on that unit have the potential to be affected by the deficient practice. The building was audited for areas needing closers. Safety meetings will cover this topic monthly to ensure this practice will not recur.</p>		03/08/2012

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	<p>observation, the Maintenance Director acknowledged the activities area storage room near Room 45 measures greater than fifty square feet, is used to store combustible supplies and the entry door is not equipped with a self closing device.</p> <p>3.1-19(b)</p>						

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for the emergency generator was maintained for 51 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Generator Load</p>		K0144	<p>Batteries are now checked weekly along with electrolyte levels. All residents have the potential to be affected by the same practice. Batteries will be checked weekly and documented in the Preventative Measures documentation. Safety committee will address battery efficiency each month.</p>		03/15/2012	

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	<p>Testing Log Sheet: Weekly Exercise" documentation with the Maintenance Director during record review from 9:10 a.m. to 10:20 a.m. on 03/07/12, weekly emergency generator starting battery inspection records for the fifty one week period of 02/24/11 through 11/24/11 and 12/08/11 through 03/01/12 was not recorded. Based on interview at the time of record review, the Maintenance Director acknowledged weekly emergency generator starting battery inspection records for the fifty one week period of 02/24/11 through 11/24/11 and 12/08/11 through 03/01/12 was not recorded.</p> <p>3.1-19(b)</p>						

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K0147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips was not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any resident, staff or visitor in the vicinity of the Memory Care Facilitator's office.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 10:20 a.m. to 12:35 p.m. on 03/07/12, a refrigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office. Based on interview at the time of observation, the Maintenance Director acknowledged a refrigerator and a coffee pot were plugged into a power strip in the Memory Care Facilitator's office.</p> <p>3.1-19(b)</p>			K0147	<p>Refrigerator and coffee pot are now plugged directly into the wall and the power strip removed. All residents are affected by this practice. Rounds by the Executive Director and Maintenance Director will ensure this practice does not reoccur. Monthly safety meetings will discuss potential hazards and enact immediate remedy.</p>		03/09/2012

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